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<b>To</b>	Examiner Michael P. Barker
<b>Company</b>	USPTO
<b>FAX</b>	(571) 273-8300
<b>From</b>	Yi Liu (Reg. Number: 55,393)
<b>Date</b>	August 7, 2006
<b>Subject</b>	Application No. 10/749,121 Attorney Docket No. VPI/02-05 US
<b>Total Pages</b>	26 (including this page)

**Message or Comment**

In response to the Office Action dated February 06, 2006, attached is a response relating to the above-identified application.

***CERTIFICATE OF FACSIMILE TRANSMISSION***

I hereby certify that this correspondence, and any documents referred to as attached hereto, is/are being transmitted to the United States Patent and Trademark Office, Facsimile Number: (571) 273-8300 on this 7<sup>th</sup> day of August 2006.

  
Jennifer Che

If any problems occur with this fax transmittal, please call (617) 444-6619 immediately.

**FAX Number (617) 444-6483 Legal Department**

**CONFIDENTIALITY NOTICE**

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AUG 07 2006

For Other Than A Small Entity

VPI/02-05 US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Examiner : Barker, Michael P.  
Group Art Unit : 1626  
Inventors : Saunders, J.O., et al.  
Serial No. : 10/749,121  
Filed : December 30, 2003  
Title : SULFHYDANTOINS AS PHOSPHATE ISOSTERES

Cambridge, Massachusetts  
August 7, 2006

COMMISSIONER FOR PATENTS  
P.O. BOX 1450  
ALEXANDRIA, VA 22313-1450

TRANSMITTAL LETTER

Sir:

Transmitted herewith: ☐ a Supplemental Amendment;  
☒ a Reply to Office Action; ☐ Appendix I;  
☒ Petition for Extension of Time; ☐ a Supplemental  
Amendment; ☐ a substitute Specification; ☐ a Declaration;  
☐ a Supplemental Declaration; ☐ a Power of Attorney;  
☐ an Associate Power of Attorney; ☐ formal drawings; to be  
filed in the above-identified patent application.

FEE FOR ADDITIONAL CLAIMS

☒ A fee for additional claims is not required.

☐ A fee for additional claims is required.

The additional fee has been calculated as shown below:

CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEES
TOTAL CLAIMS	-	* =	X \$ 18 =	\$
INDEPENDENT CLAIMS	-	** =	X \$ 84 =	\$
FIRST PRESENTATION OF A MULTIPLE DEPENDENT CLAIM			+ \$280 =	\$
* If less than 20, insert 20.				TOTAL \$
** If less than 3, insert 3.				

☐ A check in the amount of \$\_\_\_\_\_ in payment of the filing fee is transmitted herewith.

☒ The Director is hereby authorized to charge payment of any additional filing fees required under 37 C.F.R. § 1.16, in connection with the paper(s) transmitted herewith, or credit any overpayment of same, to deposit Account No. 50-0725. A duplicate copy of this transmittal letter is transmitted herewith.

☐ Please charge \$\_\_\_\_\_ to Deposit Account No. 50-0725 in payment of the filing fee. A duplicate copy of this transmittal letter is transmitted herewith.

#### EXTENSION FEE

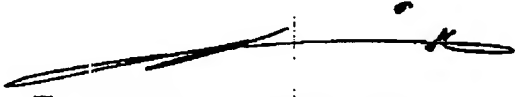
☒ The following extension is applicable to the Response filed herewith; ☐ \$120.00 extension fee for response within first month pursuant to 37 C.F.R. § 1.136(a); ☐ \$450.00 extension fee for response within second month pursuant to 37 C.F.R. § 1.136(a); ☒ \$1,020.00 extension fee for response within third month pursuant to

37 C.F.R. § 1.136(a); ☐ \$1,590.00 extension fee for response within fourth month pursuant to 37 C.F.R. § 1.136(a); \$2,160.00 within fifth month pursuant to 37 C.F.R. § 1.136(a).

☐ A check in the amount of ☐ \$120.00; ☐ \$450.00; ☐ \$1,020.00; ☐ \$1,590.00; ☐ \$2,160.00 in payment of the extension fee is transmitted herewith.

☒ The Director is hereby authorized to charge payment of any additional fees required under 37 C.F.R. § 1.17 in connection with the paper(s) transmitted herewith, or to credit any overpayment of same, to Deposit Account No. 50-0725. A duplicate copy of this transmittal letter is transmitted herewith.

☒ Please charge the ☐ \$120.00; ☐ \$450.00; ☒ \$1,020.00; ☐ \$1,590.00; ☐ \$2,160.00; extension fee to Deposit Account No. 50-0725. A duplicate copy of this transmittal letter is transmitted herewith.



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